

CLAIMS ONLY						Application Number <i>10/686866</i>	Filing Date			
						Applicant(s)				
						* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend				
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Total Indep			2							
Total Depend			17							
Total Claims			19							